

**SECOND AMENDMENT TO THE DELTA DENTAL OF NEW JERSEY, INC. AND DELTA DENTAL OF CONNECTICUT, INC.
INDIVIDUAL AND FAMILY PLAN PRODUCER / CORPORATE PRODUCER AGREEMENT**

This Second Amendment to the Delta Dental of New Jersey Individual and Family Plan Producer / Corporate Producer Agreement is made and entered into on this _____ day of _____, 202__, by and between Delta Dental of New Jersey, Inc. (Delta Dental) and _____.

WHEREAS, Producer has entered into an agreement to market and sell individual and family plan dental products with Delta Dental of New Jersey, Inc.; and

WHEREAS, Delta Dental of New Jersey is a Qualified Health Plan (QHP) authorized to market and sell dental benefits on the New Jersey exchange through Get Covered New Jersey;

WHEREAS, Producer would like to market and sell Delta Dental of New Jersey on-exchange dental products to New Jersey individuals through Get Covered New Jersey; and

NOW WHEREFORE, Producer and Delta Dental of New Jersey, Inc. agree to the following modifications as of the effective date of this Amendment:

The Agreement between Producer and Delta Dental of New Jersey Inc., is amended to allow Producer to market, sell, and earn commission on DDNJ on-exchange dental products through Get Covered New Jersey to the extent producer is authorized to market and sell such dental benefit plans and certified through Get Covered New Jersey.

Section I-K of the Producer Agreement is amended to add the commission rate of 10% for DDNJ on-exchange dental products through Get Covered New Jersey.

All other obligations, responsibilities, and benefits, including the terms of the Business Associate Agreement under the respective Agreement(s) between Producer and Delta Dental of New Jersey, Inc. respectively, remain unchanged and in effect.

IN WITNESS WHEREOF, Producer and Delta Dental of New Jersey, Inc. agree to the terms of this Second Amendment as of this date:

[PRODUCER] [CORPORATE PRODUCER]

DELTA DENTAL OF NEW JERSEY, INC.

By: _____
Name: _____
Title: _____
Date: _____

By: _____
Name: _____
Title: _____
Date: _____